47

HEARTLAND COUNTRY VILLAGE

Number of Residents on 12/31/01:

**634 CENTER STREET** 

BLACK EARTH	53515	Phone: (608) 767-257	'2					
Operated from	1/1 To 12/31	Days of Operation	ı: 365					
Operate in Conjunction with Hospital?								
Number of Beds	Set Up and St	affed (12/31/01):	50					
Total Licensed			50					

Ownershi p: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Title 19 (Medicaid) Certified? Average Daily Census: 48 \*

Non-Profit Corporation

Skilled No Yes

Yes

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3)	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	34. 0
Supp. Home Care-Personal Care	No					1 - 4 Years	40. 4
Supp. Home Care-Household Services		Developmental Disabilities	0.0	Under 65	4.3	More Than 4 Years	25. 5
Day Services	No	Mental Illness (Org./Psy)	31. 9	65 - 74	4. 3		
Respite Care	Yes	Mental Illness (Other)	2. 1	75 - 84	23. 4		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	40. 4	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	6.4	95 & 0ver	27. 7	Full-Time Equivalen	t
Congregate Meals	No	Cancer	2. 1	ĺ	Í	Nursing Staff per 100 Res	
Home Delivered Meals	No	Fractures	8. 5		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	8. 5	65 & 0ver	95. 7		
Transportation	No	Cerebrovascul ar	14. 9			RNs	9. 9
Referral Service	No	Di abetes	6. 4	Sex	%	LPNs	11. 3
Other Services	Yes	Respiratory	6. 4		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	12. 8	Male	14.9	Ai des, & Orderlies	36. 1
Mentally Ill	No		i	Female	85. 1		
Provi de Day Programming for			100. 0		i		
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

		Medicare Title 18			edicaid itle 19	-		0ther		]	Pri vate Pay	;		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	4	100.0	357	25	96. 2	122	0	0.0	0	17	100.0	144	0	0.0	0	0	0.0	0	46	97. 9
Intermedi ate				1	3.8	101	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2. 1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		26	100.0		0	0.0		17	100.0		0	0.0		0	0.0		47	100. 0

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Admi ssi ons, Di scharges, and		Percent Distribution	of Residents'	Condi t	ions, Services,	and Activities as of 12/	31/01
Deaths During Reporting Period		·					
<b>.</b>		ľ			% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	10. 4	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	6. 3	Bathi ng	0. 0		0.0	100. 0	47
Other Nursing Homes	4. 2	Dressi ng	17. 0		61. 7	21. 3	47
Acute Care Hospitals	<b>75.</b> 0	Transferring	25. 5		46. 8	27. 7	47
Psych. HospMR/DD Facilities	0.0	Toilet Use	25. 5		46. 8	27. 7	47
Rehabilitation Hospitals	0.0	<b>Eating</b>	48. 9		34. 0	17. 0	47
Other Locations	4. 2	********	******	*****	******	********	*****
Total Number of Admissions	48	Continence		%	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	6.4	Receiving R	espiratory Care	8. 5
Private Home/No Home Health	4. 2	Occ/Freq. Incontinent		74. 5	Receiving T	racheostomy Care	0. 0
Private Home/With Home Health	41. 7	Occ/Freq. Incontinent	of Bowel	36. 2	Recei vi ng S		0. 0
Other Nursing Homes	6. 3	-			Recei vi ng 0	stomy Care	0. 0
Acute Care Hospitals	4. 2	Mobility			Recei vi ng T	ube Feeding	4. 3
Psych. HospMR/DD Facilities	2. 1	Physically Restrained		12.8	Recei vi ng M	echanically Altered Diets	21. 3
Rehabilitation Hospitals	0.0				•	•	
Other Locations	6. 3	Skin Care			Other Residen	nt Characteristics	
Deaths	35.4	With Pressure Sores		6. 4	Have Advanc	e Directives	85. 1
Total Number of Discharges		With Rashes		4.3	Medi cati ons		
(Including Deaths)	48	ĺ			Receiving P	sychoactive Drugs	53. 2
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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility	Ownershi p: Nonprofit Peer Group		50	Si ze: - 99 Group	Ski	ensure: lled Group	Al : Faci :	l lities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	96. 0	89. 4	1. 07	85. 1	1. 13	84. 3	1. 14	84. 6	1. 13	
Current Residents from In-County	72. 3	82. 7	0. 87	80. 0	0. 90	82. 7	0. 87	77. 0	0. 94	
Admissions from In-County, Still Residing	22. 9	25. 4	0. 90	20. 9	1. 10	21. 6	1.06	20. 8	1. 10	
Admissions/Average Daily Census	100. 0	117. 0	0. 85	144. 6	0. 69	137. 9	0. 73	128. 9	0. 78	
Discharges/Average Daily Census	100. 0	116.8	0. 86	144. 8	0. 69	139. 0	0. 72	130. 0	0. 77	
Discharges To Private Residence/Average Daily Census	45.8	42. 1	1.09	60. 4	0. 76	55. 2	0.83	<b>52.</b> 8	0. 87	
Residents Receiving Skilled Care	97. 9	93. 4	1.05	90. 5	1.08	91.8	1. 07	85. 3	1. 15	
Residents Aged 65 and Older	95. 7	96. 2	0. 99	94. 7	1. 01	92. 5	1.04	87. 5	1. 09	
Title 19 (Medicaid) Funded Residents	55. 3	<b>57. 0</b>	0. 97	<b>58.</b> 0	0. 95	64. 3	0.86	68. 7	0. 81	
Private Pay Funded Residents	36. 2	35. 6	1.02	32. 0	1. 13	25. 6	1. 41	22. 0	1. 64	
Developmentally Disabled Residents	0. 0	0.6	0.00	0. 9	0.00	1. 2	0.00	7. 6	0.00	
Mentally Ill Residents	34. 0	37. 4	0. 91	33. 8	1.01	37. 4	0. 91	33. 8	1. 01	
General Medical Service Residents	12. 8	21.4	0. 60	18. 3	0. 70	21. 2	0. 60	19. 4	0. 66	
Impaired ADL (Mean)	<b>57.</b> 9	51.7	1. 12	48. 1	1. 20	49. 6	1. 17	49. 3	1. 17	
Psychological Problems	53. 2	<b>52.</b> 8	1. 01	51.0	1.04	54. 1	0. 98	51. 9	1. 03	
Nursing Care Required (Mean)	5. 6	6.4	0. 87	6. 0	0. 93	6. 5	0. 86	7. 3	0. 76	